


Image

**Complete if Known**

Application Number	09/881,012
Filing Date	June 13, 2001
First Named Inventor	Edward I. GINNS
Examiner Name	Ms. Jeanine Anne Goldberg
Group / Art Unit	1634
Attorney Docket No.	39532-181808

<b>TOTAL AMOUNT OF PAYMENT</b>	<b>(\$)</b>	<b>750.00</b>
--------------------------------	-------------	---------------

METHOD OF PAYMENT (check one)					FEE CALCULATION (continued)					
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:					3. ADDITIONAL FEES					
Deposit Account Number	22-0261				Fee Code	Large Entity Fee (\$)	Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid
Deposit Account Name					1051	130	2051	65	Surcharge - late filing fee or oath	
<input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27					1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.	
2. <input checked="" type="checkbox"/> Payment Enclosed:					1053	130	1053	130	Non-English specification	
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other					1812	2,520	1812	2,520	For filing a request for reexamination	
FEE CALCULATION					1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1. BASIC FILING FEE					1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description						Fee Paid
1001	770	2001	385	Utility filing fee						
1002	340	2002	170	Design filing fee						
1003	530	2003	265	Plant filing fee						
1004	770	2004	385	Reissue filing fee						
1005	160	2005	80	Provisional filling fee						
SUBTOTAL (1)										420.00
(\$ ) 0.00										
2. EXTRA CLAIM FEES					1251	110	2215	55	Extension for reply within first month	
Total Claims	-	**	=	0	X	-	=	0		
Independent Claims	-	**	=	0	X	-	=	0		
Multiple Dependent				X	-				=	0
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description						Fee Paid
1202	18	2202	9	Claims in excess of 20						
1201	86	2201	43	Independent claims in excess of 3						
1203	290	2204	145	Multiple dependent claim, if not paid						
1204	86	2204	43	** Reissue independent claims over original patent						
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent						
SUBTOTAL (2)										330.00
(\$ ) 0.00										
Other fee (specify) _____					1252	420	2252	210	Extension for reply within second month	
*Reduced by Basic Filing Fee Paid					1253	950	2253	475	Extension for reply within third month	
SUBTOTAL (3)					1254	1,480	2254	740	Extension for reply within fourth month	
(\$ ) 750.00					1255	2010	2255	1005	Extension for reply within fifth month	
**or number previously paid, if greater; For Reissues, see above					1401	330	2401	165	Notice of Appeal	
					1402	330	2402			

SUBMITTED BY				Complete (if applicable)	
Name (Print/Type)	Nancy J. Axelrod, Patent Agent	Registration No. Attorney/Agent)	44,014	Telephone	(202) 344-8334
Signature				Date	March 3, 2004

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**  
**SEND TO: Commissioner for Patents, Mail Stop Patent Application, Alexandria, VA 22313-1450.**